

APPLICATION FOR APPEAL

Property Code Enforcement Legislative Hearing
170 City Hall
Saint Paul, MN 55102
Telephone: (612) 266-8989

1. Address of property being Appealed: _____	2. Number of Dwelling Units: _____	
3. Date of Letter Appealed: _____		
4. Name of Owner: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone Number: Business _____ Residence _____ Signature: _____		
5. Name of Appellant / Applicant (if other than owner): _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone Number: Business _____ Residence _____ Signature: _____		
6. State specifically what is being appealed and why (Use an attachment if necessary): _____ _____ _____ _____ _____ _____ _____		
NOTE: A \$25.00 filing fee made payable to the City of Saint Paul must accompany this application as a necessary condition for filing. You must attach a copy of the original orders and any other correspondence relative to this appeal. Any person aggrieved by the final decision of the City Council may obtain judicial review by timely		
For Office Use Only		
<u>Date Received:</u>	<u>Fee Received:</u>	<u>Receipt Number:</u>